

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2003 8:00 am
Secretary of State

07-23-2003 90038 031 *****50.00

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DOCUMENT # L01000014012

1. Entity Name

GO SENSORS LLC



Principal Place of Business

**635 S ORANGE AVE
#10
SARASOTA FL 34236**

Mailing Address

**635 S ORANGE AVE
#10
SARASOTA FL 34236**

2. Principal Place of Business

3600 Torrey Pines Blvd
Suite, Apt. #, etc.

3. Mailing Address

3600 Torrey Pines Blvd
Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34236

Country

USA

Zip

34236

Country

USA

4. FEI Number

65-1143975

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROTEN, REX A
46 N WASHINGTON BLVD
#1
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **PETRIK, GERD**
STREET ADDRESS **635 S. ORANGE AVE. STE 10**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **MGRM** ☐ Delete
NAME **ARMSTRONG, BRIAN**
STREET ADDRESS **4107 N. PROSPECT AVE.**
CITY-ST-ZIP **SHOREWOOD WI 53211**

TITLE **MGRM** ☐ Delete
NAME **SCHMIDT, KARL**
STREET ADDRESS **2454 N. 96TH STREET**
CITY-ST-ZIP **WAUWATOSA WI 53226**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED G. PETRIK

9419291052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)